



CALIFORNIA TELEHEALTH NETWORK

November 5, 2012

Marlene H. Dortch, Secretary
Federal Communications Commission (FCC)
445 12th Street, SW, Room TW-B204
Washington, DC 20554

Re: Notice of Ex Parte Communication Meeting with Commissioner Pai's office

Madam Secretary:

In accordance with Section 1.1206 of the Commission's rules, 47 C.F.R. 1.1206, we hereby provide notice of oral ex parte communication during the above captioned meeting. On Thursday, November 1, 2012, CTN President & CEO Eric Brown and Jeff Mitchell, of Lukas Nace Gutierrez & Sachs, LLP, counsel for CTN, held a conference call with Nicholas Degani, Legal Advisor, Wireline in the Office of Commissioner Ajit Pai. During the meeting Mr. Brown summarized CTN's deployment progress to date and reviewed CTN's comments filed on the Broadband Services Program (Docket No. 02-60).

The key topics of discussion were as follows:

- CTN emphasized the success of Rural Health Care Pilot Program policies in California and urged the FCC to leverage the learning from the Pilot Program in the Broadband Services Program.
- CTN reiterated its position that urban health care providers are critical to the long term economic sustainability of Pilot Program participants and pointed out examples of non-rural hospitals enrolled in CTN that provide health care services to underserved patient populations in rural areas.
- Mr. Mitchell pointed out that the economics of postalized rate structures negotiated by many Pilot Program participants with broadband providers is dependent upon the inclusion of urban sites which help moderate the cost to serve rural sites.

If you have questions or need additional information, please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Eric P. Brown".

Eric P. Brown
President & CEO, California Telehealth Network

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Enclosure

cc: Nicholas Degani



CALIFORNIA TELEHEALTH NETWORK

October 2012

FCC Update

Eric Brown

President & CEO

www.caltelehealth.org



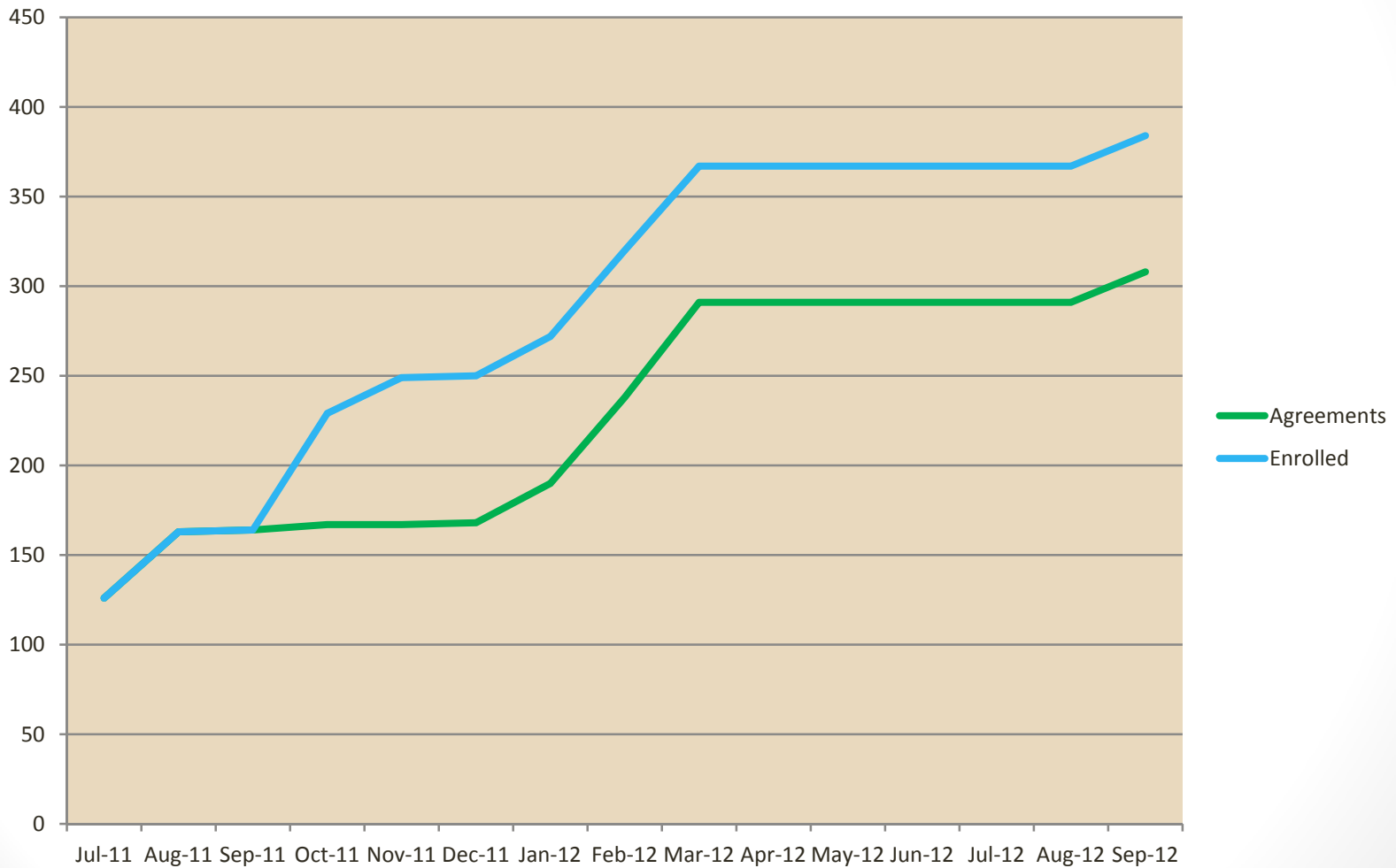
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CTN's Mission

CTN's mission is to promote advanced information technologies and services to improve access to high quality health care focusing on medically underserved and rural Californians

CTN RHCPP

Site Enrollment Growth



Implementation Update

- CTN has enrolled 307 RHCPP membership agreements serving 367 health care sites
 - 55% of enrolled sites in urban areas
 - 45% of enrolled sites are FQHC's
 - 30% of enrolled sites are RHC's
 - 68% of California's Critical Access Hospitals
- At the close of September, CTN had installed 210 locations including 62 sites with logical connections
- Average installation lead times are being reduced from over 120 days to 90 days in the most recent quarter
- CTN plans to complete all RHCPP site installations by close of March 2013
- CTN completed the first Fair Share site installation in September, 2012 with the installation of two Suddenlink sites in Humboldt County

CTN Site Benefits

- Affordable, reliable broadband connections
- Enables patients to be seen in their communities by clinicians from outside the community without transportation logistics or expense
- Medical grade network with Guaranteed Quality of Service reliability
- Secure, encrypted connections to all California academic medical centers, community of online health care providers
- Broadband equipment and network monitoring provided by AT&T working with last mile providers
- Ideal network solution to support HIE and multiple meaningful use applications

Services and Applications

- **Specialty care consultations**
 - UC Health Centers
 - Regional Health Care Centers
 - Independent specialty care providers
- **Telehealth training and support partners**
 - California Telehealth Resource Center (CTRC)
 - UC Davis Health System – Center for Health and Technology
 - Center for Connected Health Policy (CCHP)
 - Regional Extension Centers – LA Care/HITECH LA, CalHIPSO, CORE, CRIHB
- **Advanced health care applications**
 - Telemedicine video consultations
 - Medical education, training, CME activities
 - Exchange patient information, records, X-rays, MRI's, etc

CTN Poised for Growth



Completing interconnection with California Rural Indian Health Board and Indian Health Services by Dec

Expanding CTN broadband providers beyond AT&T to accelerate pace of deployment drive down cost of service

Plans to assist enrolling eligible HCP's in the FCC Primary Program and the California Teleconnect Fund

Testing secure gateway and managed endpoint solutions to enable health care providers that have broadband to access the network

Conducting due diligence on health IT applications and services to meet CTN member needs, reduce health care delivery cost, improve outcomes



15 Model eHealth Communities

78 CTN Sites



Lead Agencies and Project Locations

1. Access El Dorado (ACCEL)
2. Alameda County Health Care Services Agency
3. California Rural Indian Health Board
4. College of the Siskiyous
5. Community Hospital of San Bernardino,
6. Connecting to Care: Modoc County
7. Connecting to Care: Sierra Nevada Cancer eHealth Community
8. Front Porch Center for Technology Innovation & Wellbeing
9. LA Care Health Plan
10. North Coast Clinics Network
11. Plumas District Hospital
12. Redwood MedNet
13. Southern Sierra Telehealth Network
14. UCSF
15. Venice Family Clinic

Model eHealth Communities

Application Examples

- Telemedicine video consultations
- Health Information Exchange
- Remote patient monitoring
- Consumer health education – laptops, kiosks
- eConsult - electronic physician consultations
- Language interpretation services
- Continuing Health Education/CME





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Comments on Proposed Broadband Services Program

Eric Brown
President & CEO

www.caltelehealth.org

Broadband Services Program

- CTN filed comments in August advocating:
 1. Continued support for non-rural HCP's
 2. Maintain subsidy level at 85%
- Other RHCPP participants filed similar comments
- Consider impact of postalized pricing on statewide networks
 - Participation of large urban hospitals supports postalized rates for rural HCPs
 - Broadband vendor bids more attractive for rural sites when packaged with non-rural sites
 - Postalized pricing is “glue” that holds many statewide Pilot Program networks together
 - Significant changes in Pilot Program urban eligibility rules could work substantial harm on Statewide networks such as CTN

Children's Hospital of Oakland



- Urban Regional hospital in downtown Oakland
- 191 licensed beds
- Focus on underserved populations
- Enrolled in CTN to provide pediatric care resources to other CTN sites
- Innovative care models including clinic locations in schools and correctional facilities
- Broad range of inpatient, outpatient, and community-based services, with experts in 30 distinct pediatric subspecialties

San Joaquin General Hospital

- Regional Hospital serving the central valley region of California
- 196 licensed beds
- Located in Happy Camp outside of Stockton, CA
- Patient populations include rural agricultural worker populations from the San Joaquin Valley area
- Enrolled in CTN to gain access to academic medical center specialists and grant funding not generally available in the Central Valley area
- Heavy emphasis on behavioral health, dermatology, diabetes treatment

CTN Non-Rural Hospitals

1. Biggs-Gridley Memorial Hospital, Gridley, CA
2. Children's Hospital & Research Center at Oakland, Oakland, CA
3. Healdsburg District Hospital, Healdsburg, CA
4. Lodi Memorial Hospital, Lodi, CA
5. Marin General Hospital , Greenbrae, CA
6. Marin General Hospital-Braden Diabetes Hospital, Greenbrae,CA
7. San Joaquin County Health Care Services Agency, Stockton, CA
8. San Joaquin General Hospital, Happy Camp, CA
9. Sonoma Valley Health Care District, Sonoma Valley Hospital
10. St. Joseph Hospital, Eureka, CA

Recommendations

- Leverage lessons learned from RHCPP
 1. Competitive bidding process works
 2. Consortia participation works
 3. Leverage RHCPP participants that have performed well
- Don't compromise the Broadband Services Program impact out of speculative concerns of exceeding the cap
 1. RHC and Pilot Program combined remain well below cap
 2. Arbitrary constraints can have unintended consequences
 3. In the event cap exceeded, empower program participants to maximize benefit of available funding

Contact Information

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THANK YOU!